

The Anti-Prostitution Movement and the Contest of the Middle-Class Reformers over Cultural Authority: San Francisco, 1910...1913

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THE CALL TO ACTION: MAYOR SAYS BARBARY COAST
[prostitution] WILL GO. BANNER OF NEW IDEAL LEADING TO
CLEAN CITY.

„ San Francisco Examiner, September 22, 1913

The wave of a frantic and reckless so-called moral purity reform movement, which has temporarily destroyed the good work of the Municipal Clinic, is inundating the entire country and foreshadows struggles similar to the one fought here.

„Dr. Julius Rosenstirn, September 1913

INTRODUCTION

Between 1910 and 1913, there was a vigorous debate over issues related to prostitution in San Francisco. Study of the anti-vice movement shows that the category of „middle-class reformers“ was fundamentally unstable in the Progressive Era. Surprisingly, existing studies assume but do not fully address the identities and values of middle-class reformers, which were precarious and contested. The trajectory of the debate in San Francisco reveals that these reformers had to establish, through cultural

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politics, their own values and the boundaries of their identities. Furthermore, attention to the gendered politics shows that no one ever managed to speak with authority for the whole range of “middle-class reformers.” Reformers did not apply gendered language only to prescribe relations between men and women. They defined, in terms of gender, the meanings of and the relations among the key concepts of the era, such as morality, science, and progress. However, the notion of gender did not organize these values in any simple way. Both ‘manhood’ and ‘womanhood’ could imply either positive or negative values. When a wide range of reform-minded men and women gathered with diverse ideas of morality, science, and progress, the instability of anyone’s authority over others became obvious.

In 1913, the San Francisco mayor decided to close the city’s red-light district. At first glance, this case seems to have been just another example of the national trend of anti-prostitution movements. It was the Progressive Era in the United States, during which the issue of prostitution was one of the major concerns of social reformers. Over two hundred of the largest cities closed their red-light districts between 1912 and 1920. Through anti-vice campaigns, scholars argue, middle-class reformers imposed their values upon lower-class people by restraining the urban lives of working-class and immigrant men and women.³

However, this perspective overlooks a historical competition among reformers, assuming a loose unity of “middle-class reformers.” To understand the course of the anti-prostitution movement in San Francisco, it is necessary to address the cultural politics of the reformers, especially its gendered aspect. In San Francisco, women’s groups had been vocal critics of prostitution since the late nineteenth century. When male reformers entered this discursive arena, where womanhood was essential to the basis of moral authority, they had to deal with this gendered legacy.⁴ In this context, science could provide an alternative value with which to resolve prostitution problems without the aid of a morality defined in association with women. The city institutionalized an official medical regulation of the sex industry in 1911. By periodically inspecting prostitutes, male regulationists attempted to prevent the spread of venereal diseases. Yet, not all men accepted this policy. The excessive use of science ran the risk of losing the authority of “morality,” which no one would voluntarily give up. Opposing men and women criticized the regulation system as a *de facto* tolerance of prostitution. However, male abolitionists had to carefully define the meaning of morality. Sim-

ply championing morality could be characterized as unscientific, which possibly implied femininity, anti-progressiveness, and reactionary beliefs. This series of discussions indicates more than mere disagreement among reformers. Given this complex web of cultural authority, “middle-class reformers” had to establish their own values to construct and promote the boundaries of their identities throughout the debates in the anti-vice campaign. By 1913, even with the apparent victory of abolition forces, no one involved in the debates over prostitution had established a stable authority over others.

A primary reason for the scant attention to this contentious trajectory in San Francisco is the prevailing presupposition about the category of “middle-class reformers.” Leading historians of prostitution, such as Ruth Rosen, Mark Connelly, and Barbara Hobson, conceive of the anti-vice movement as a reflection of middle-class Progressive reformers’ anxieties that derived from socio-economic changes in early twentieth-century urban America. This perspective illustrates the intersection of ideologies of gender, class, and ethnic relations.⁵ Yet, it often assumes a binary opposition between the active middle-class reformers and the passive lower-classes who were supposed to be reformed. In essence, the attack on prostitution is portrayed as the collective response of the middle-class that was concerned with the dissolution of the existing social order. As a result, with the category of “the middle-class reformers” operating as a loose but united entity, it is difficult for these works to address contests within the anti-vice movement whose tensions surfaced in San Francisco. In this view, discussions of prostitution were no more than channels through which “the middle-class reformers” imposed their “norm” upon “the lower class.” All categories are set before the analysis even begins.⁶

Not all historians are unaware of differences among the anti-vice crusaders. However, previous scholars overlook the constructed nature of categories such as men, women, moralists, and doctors, as well as their values such as manhood, womanhood, morality, and science. The discussion in San Francisco was a process, by which multiple reformers struggled to impose certain positive meanings upon themselves and negative ones upon others. While some female reformers celebrated women’s morality, for instance, some men criticized womanhood by introducing science as a superior value to morality, which implied irrationality. Yet, there were more than one combination of identities and values. Men could be feminized. Science could be criticized because of

its lack of morality. Women could have scientific authority. Without looking at these links and confrontations among reformers' identities and values, simply pointing out the diversity of reformers explains little. Rosen highlights the gap between male and female reformers.⁷ Allan Brandt presents a power shifting process from moralists and religious groups to scientific and secular ones.⁸ More broadly, studies of the Progressive Era point out a mixture of motives from radicalism to conservatism.⁹ What these scholars find is a competition among reformers, who had already established their values. The debates about prostitution again seem to merely reflect already existing oppositions. Their narratives simply repeat the story of a confrontation between fixed positions and fail to address the dynamic and unstable nature of the various values and identities involved. The discussions in San Francisco challenge the assumption that we already know who the reformers were. What we need here is an examination of the process of competition through which participants defined their own values and relations with others. In the early twentieth century, the city was rapidly changing in terms of economy, politics, and social relations.¹⁰ Given such fluid conditions, no one could take his or her social position for granted. The crucial question was who should be in charge of addressing prostitution problems and through what kind of approach. Existing studies locate the anti-vice movement in a context of Progressivism led by an unexamined category of "reformers." Yet the case of San Francisco provides a locus to reconsider the formation of "middle-class reformers" themselves. This examination will suggest one particular angle of approach to the re-conceptualization of the turn of the century, a critical era of American modernization.

A series of sessions at the Commonwealth Club of California's monthly meetings illustrates the competing and dialogical aspects of discourses, particularly among male reformers.¹¹ This civic organization of San Francisco, which was founded in 1903 by *San Francisco Chronicle* editorial writer Edward F. Adams, had no official status. However, the Club operated as a public site to discuss the political issues of San Francisco. The members included a wide range of middle and upper class men; politicians such as a United States Senator and state governors, judges, attorneys, businessmen, merchants, doctors, and university professors.¹² When the San Francisco Health Board began to consider the medical regulation of prostitution in 1910, the Commonwealth Club also formed a special committee related to the issue. The Committee had preliminary

sessions and presented its reports at the Club's monthly meetings between 1911 and 1914. The Committee reports and the discussions at the Club meetings were included in the Club's *Transactions*, which were sent to the Club members every month. The exact readership beyond the Club members is unknown. Yet, the Committee, which was to be re-organized three times by 1914, consisted of influential figures on the issues, including lawyers, doctors, social hygienists, clergymen, businessmen, and a journalist appointed by the Club Board of Governors. This diverse membership of the Committee appeared to attract almost all groups to the Club meetings. Non-Club members who were influential in the debates of the prostitution issues, such as Dr. George Eaton, chair of the Health Board, participated in the meetings. The absence of women's groups, which had been active in this field, is another interesting feature that shows the gendered politics of the discussion in 1910s San Francisco. Remarkably, when the Commonwealth Club discussed women's suffrage in May 1911, the Club invited women to its meeting. In contrast, the Commonwealth Club judged that women were irrelevant to the issues related to prostitution. Also noteworthy is the fact that San Francisco did not have any vice commission, which played a crucial role in forming public consensus in anti-prostitution movements in many other cities. While organized by city officials, the vice commissions usually included businessmen, lawyers, clergymen, social workers, doctors, sociologists, and even female reformers. Without such an organization in San Francisco, the Club Committee and the Club meetings became all the more important as the sites where people in San Francisco met to discuss the course of the anti-prostitution movement.

I POLITICS OF INTRODUCING SCIENCE TO THE DEBATES ON PROSTITUTION: CLUB MEETING ON FEBRUARY 8, 1911

At the end of 1910, the San Francisco Board of Health launched a plan to inspect prostitutes in its medical facility. The introduction of a concern about venereal diseases had a significant impact on the landscape of the discussion about prostitution. In effect, it was the challenge of male doctors on the Health Board to female reformers who had already made efforts to restrain prostitution in the city. As historian Jacqueline Baker Barnhart shows, women had played central roles in raising concern over prostitution since the late-nineteenth century in San Francisco.¹³ Late in the first decade of the twentieth century the outcry

against the “white slave trade” gained publicity. A wide range of media claimed that many “innocent women” were forced to become prostitutes by pimps, who were often characterized as “savage immigrants.”¹⁴ San Francisco was notorious for its “yellow slaves”: Chinese and Japanese prostitutes. Missionary women were especially vocal critics who attempted to rescue these female prostitutes.¹⁵ After Iowa passed an Act to abolish brothels in 1909, the Woman’s Christian Temperance Union (WCTU) in North California had begun lobbying aimed at the passing of a similar law in the California legislature.¹⁶ Women’s Clubs had also been active. Nonetheless, instead of joining these existing anti-prostitution movements, the Health Board introduced another view of the issue, approaching it from the perspective of medical science. Opening the Municipal Clinic of San Francisco on March 3, 1911, the Board presented the Clinic as the city’s path-breaking measure to control prostitution.¹⁷ This claim was more than merely adding another aspect to the debate about the sex industry. This shift of emphasis buried the preceding activities of female reformers.

The Commonwealth Club Committee participated in this gendered politics of science. Chaired by physician Dr. John C. Spencer, the Committee consisted of four medical doctors, two lawyers, and the secretary of the California Social Hygiene Association.¹⁸ At the Club’s first meeting on issues related to prostitution on February 8, 1911, a month before the opening of the Clinic, Dr. William Ophuls opened up the Committee’s presentation by declaring that “[f]acts are always tedious, but occasionally *we have to listen to them.*”¹⁹ This statement sounded modest but actually represented a bold manifesto by the Committee. The Committee claimed that people had to first acknowledge the scientific facts of prostitution because they told the truth. In contrast to those who were concerned with morality, common sense, and sentiment, the Committee tacitly presented its view as objective and scientific, and, by doing so, claimed an authority over the issue. It is striking that the Committee hardly mentioned the preceding efforts by women’s groups at all. Like the Health Board, the Committee framed the prostitution problem in terms of the prevention of sex diseases. Arguing that venereal diseases were transmitted through prostitution, the Committee emphasized the need to inform the public of the actual situation regarding venereal diseases. By shifting its scope exclusively to venereal diseases, it discursively made it hard to see women’s activities.

In fact, the women’s groups were also concerned with “scientific”

issues. Since the late-nineteenth century, female organizations, such as the WCTU and the General Federation of Women's Clubs, had actively maintained medical and health projects. Gaining access to higher education since the late-nineteenth century, a younger generation of women had begun to remodel women's reform work with their scientific knowledge. Although it is unclear how the San Francisco branches of these groups acted in practice, women must have been well-informed about the medical aspects of the prostitution problem through their national networks.²⁰ Given this context, it is difficult to take the Commonwealth Club Committee's assertions at face value. The report was a strategic discursive attempt by this men's club to establish their scientific authority by neglecting women's medical knowledge and by categorizing women as emotional beings. In other words, a supposedly objective definition of science was maintained through this gendered discourse. Admittedly, the Club Committee report occasionally mentioned women, but only to state that it was women and children who suffered from what they termed "sexual plagues." In the report, the only terrain that opened for women was that of victimhood. It was not female reformers but the responsible men in the Commonwealth Club who would save these helpless bodies.

However, the Club Committee's concern for venereal disease did not lead to the same conclusion as that of the Health Board. Sharing its faith in medical knowledge, the Committee nonetheless opposed the Health Board's plan of medical regulation. The Committee criticized the Clinic because of its medical ineffectiveness in restraining sexual plagues. Doctors on the Committee pointed out the practical impossibility of detecting bacteria located in deeper organs and of curing them.²¹ Evaluating medical technology and cases in other cities, the Club Committee concluded that the Clinic's medical inspection system would not work. It further argued that medical regulation of the sex industry was nothing less than the practical tolerance of prostitution. Instead of the regulation policy, the Committee recommended sex education for the public, especially in the schools.²²

This struggle between medical authorities needs to be understood in the context of the cultural politics of the male reformers. The Club Committee's objection was not a mere expression of medical disagreement with the Health Board. Legitimizing the medical regulation of prostitution by proposing the prevention of venereal diseases, the Health Board and its supporters made a serious challenge not only to female

reformers but also to the men who wished to abolish the red-light district. If periodic inspection of prostitutes was the best way to control venereal diseases, male brothel abolitionists would have only “sentimental” reasons for their movement. Male reformers had to search for an alternative way to legitimate the closure of the sex industry in terms of science. In this context, the Club Committee and the discussion in the Club appeared to function as sites in which these men could evaluate the meaning of medical knowledge and make a counter proposal against the officials and supporters of the Health Board. The stakes of this debate between the Club Committee and the supporters of the Municipal Clinic were extremely high, since each based their authority on their medical knowledge.

However, no one could decide which view was superior solely on the basis of medical knowledge. As the different conclusions of physicians in the Committee and the Health Board showed, debates over medical knowledge did not reach objective conclusions. The content of medical truth itself was not given but had to be defined. Faced with this deadlock between “science” and “science,” remarkably, the Committee members attempted to authorize their version of “medical truth” by connecting it to a specific view of history, outside the arena of genuine science.

What the Club Committee offered was a particular narrative of progress. Pointing to the repeated history of failures to control venereal diseases, the Committee claimed that the defect of the regulation policy was apparent. Presenting unsuccessful cases in France, Germany, and several other European countries, it stressed that there had never been any sufficient achievement in regulation policies.²³ Instead of examining the validity of medical technologies and the system used in these cases, which would have led to another endless discussion over “scientific truth,” the Committee employed its own version of history in order to legitimate itself. Concluding the presentations of committee members, Dr. Spencer, the chair of the Committee, offered a story of progress:

The day has passed when intelligent beings may disdain to consider reasonably and sanely plans tending to diminish venereal diseases. There are large and flourishing societies in all European countries and in practically every State in our Union, devoted to the intelligent and reasonable combating of the ravages of venereal diseases.²⁴

“The day” of tolerance and acceptance “has passed,” he declared. In this evolutionary view of history, he projected regulation policy in a nega-

tive light and the strategy of total suppression, with sex education, in a positive light. When the report of the Committee mentioned “the intelligent and reasonable combating of the ravages of venereal diseases,” it named particular groups of people. The Committee borrowed the authority of Dr. Charles W. Eliot, Dr. Prince Morrow, and prominent members of the American Society of Sanitary and Moral Prophylaxis (which later became the American Social Hygiene Association) who led the red-light abatement movement in the Eastern cities, especially in New York and Chicago. The Committee narrated their version of progressive history by using a set of authorities in sex hygiene to compete with the Health Board.

II QUESTIONING SCIENCE: DIVERSE MORALISTS AT THE CLUB MEETING ON APRIL 12, 1911

Inevitably, the Club Committee’s report called forth reactions from multiple directions. In the Club’s second meeting on April 12, doctors who supported the Municipal Clinic of course stood up to claim back their exclusive medical authority from the Committee. Yet, it was “laymen,” the non-doctors of the Commonwealth Club, who were more active in this meeting. For those who comprehended prostitution in non-medical terms, such as morality, the Committee’s view was no less than a challenge to their cultural authority. Even if the Committee shared with them an objection to tolerating prostitution, both the Club Committee and the Municipal Clinic superimposed medical knowledge over their non-medical view. Refusing to give up their moral authority to medicine, the existing power elite began to challenge both the Club Committee and the Health Board’s Clinic project.

These multiple fractures reveal that the situation was more than a mere conflict between science and morality. We have already seen in the previous section that this kind of binary framework separating science and morality was itself under construction. As the Committee’s disagreement with the Health Board indicated, what was scientifically “true” was controversial and debatable. Given the precarious status of medical knowledge, downgrading opponents as “non-scientific” was not the reflection of a stable scientific knowledge but, on the contrary, a discursive attempt to establish and highlight its boundaries. By the same token, it is also misleading to assume an unchanging moralistic perspective. Responding to the discursive attempts of the Club Committee and the Health Board,

some so-called moralists reformulated their positions, even looking for incorporation with the authority of medical knowledge. Among others, attorney William Denman played a central role in this second Club meeting. He not only criticized the Clinic for its practical tolerance of prostitution but also expressed his dislike of the dominance of doctors on the Club Committee in this “moral” issue of prostitution. However, he deployed his ideas of “morality” in unique ways.²⁵

Denman attempted to demythologize the privileged authority of physicians. The key tactic was to reveal and highlight not only disagreement among doctors but also the unstable bases of their arguments.²⁶ Expressing doubts regarding basic information and doctors’ opinions, Denman and another attorney, Charles Wesley Reed, successfully posed questions about the credibility of medical knowledge and ability, just as they would do in a court room. In the course of their questioning, they found that there were not enough hospital beds in the city for patients of venereal diseases. Denman and Reed revealed that doctors knew it was practically impossible to entirely eradicate venereal diseases. Above all, they made visible the fact that there were many disagreements among doctors on this issue. Their questions cornered the doctors, as in the following exchange:

Mr. Reed: I want to ask one question: Admitting that all the medical gentlemen agree that provisions for the treating of these diseases are inadequate, would the maintenance of a free hospital . . . reduce the amount of disease? The question has not been answered.

Mr. Denman: That question is an attack on the whole system of medicine. (Laughter.)²⁷

Denman not only laughed at medical professionals including Rosenstirn and Spencer. More importantly, he questioned the legitimacy of medical knowledge as a position from which to command the issue of prostitution.

However, Denman did not simply replace “science” with conventional wisdom. His discourse demonstrates the insufficiency of any ahistorical category of “morality.” Discussions with other types of “moralists” reveal Denman’s particular version of morality.

Ironically, many participants in the Club meeting applauded Denman’s critique of the doctors. In the view of Walter Macarthur, the issue must have been quite straightforward and not in need of any particular medical language. Even if he could not “speak with any pretensions to

medical authority upon this matter,” his “common sense” was all that he needed in considering the issue of prostitution. Without any help from a doctor’s specialized knowledge, it was evident to him that legalization of the sex industry would be “harmful” “to the morality of San Francisco and to the State of California.”²⁸ In his view, the project of the Municipal Clinic was nothing but the tolerance and the institutionalization of vice. Highlighting “common sense,” these moral-oriented laymen refused to hand over their cultural authority to doctors.

Yet, to Denman, simply rejecting medical knowledge appeared to be unreasonable. Denman criticized those who wished to remain silent about sex, venereal diseases, and sex-education. Another Club member, attorney Henry Monroe, tried seconding Denman’s criticism of doctors. Proposing a moderate sex education not by professionals but by “the father[s] of tender little girls,” Monroe was against replacing his moral authority with someone else’s “science.”²⁹ However, Denman did not accept Monroe’s tacit acknowledgement of the status quo which to Denman resembled the silence of prudery. Denman stated:

As I understand it, over 90 per cent of the ovarian operations on respectable married women in our hospitals is due to venereal diseases communicated to them by their husbands. . . . I disagree with Mr. Monroe fundamentally. I think you had better sacrifice some of the peach blow of partial ignorance, if it is necessary, and arm them against the possibility, the probability, of a very considerable percentage of them having venereal diseases without knowing it.³⁰

Denman’s harsh reaction indicates the competition over the meaning of “morality.” Given the reality of venereal diseases, he realized it was crucial to reformulate the content of “morality.” Accordingly, he called for proper sex education in schools.

Denman’s view, however, did not imply his subordination to the authority of the doctors who also recommended sex education. According to him, it was medical knowledge that should be subject to morality. In the following exchange with a Committee member, Denman made another discursive attempt to define and defend his position:

Dr. Ophuls: The compulsory medical treatment of lewd women or prostitutes be regarded as a failure. [sic]

Mr. Denman: I want to find out what the word “failure” means. Mr. Wollenberg [a Committee member] read a paper in which a large number of authorities said that there were no statistics on which any judgment could be

based. If that be the case, our conclusions here must be *a priori*; it must come from reasoning; not from facts but from theory.³¹

By making it obvious that medical authority did not always have objective evidence, Denman pointed out that there was nothing more than a basic principle on which to judge the policy related to prostitution. Medical knowledge should serve morality, which was “*a priori*.” This was Denman’s attempt to re-establish the cultural authority of morality by affiliating science.

Denman’s effort did not immediately control the course of the discussion. Louder voices still echoed Macarthur’s belief that the sex industry was simply harmful for morality. The majority of these moralists were totally frustrated with repeated scientific debates between the Club Committee and the supporters of the Health Board. A Club member, Rolla Watt, stated that “it seems to me that the methods of the doctors are simply putting a very high premium upon these cribs [brothels] by giving certificates of health, a license to carry on this traffic.”³² Medical knowledge seemed irrelevant to him when discussing moral issues of prostitution. However, this simple distinction between science and morality was no longer effective enough in proving the superiority of morality. Many blamed this kind of simple belief in morality for its blunt neglect of scientific knowledge. They further argued that the moralists did not look at the realities of prostitution and the reasonable efforts of the Clinic.³³ Dr. Eaton, chair of the Health Board, received applause when he said that “[w]e are not recognizing prostitution, Mr. Macarthur. We are recognizing the disease that prostitutes harbor; and it is my intention as president of the Board of Health to eradicate the disease.”³⁴ Moralists were not convinced. But they did not have effective ways to overcome these criticisms. That was why they would re-formulate their strategy in the new Club Committee in 1913.

III CHANGING LANDSCAPE, 1911–1913: RETURN OF FEMALE REFORMERS

Between 1911 and 1913, women’s re-entry into the anti-vice movement significantly changed the general landscape of debates over prostitution in San Francisco, but in two opposite directions. On the one hand, women’s involvement pushed San Francisco toward the abolishment of the red-light district. On the other hand, it unintentionally resulted in encouraging the supporters of the Municipal Clinic. In this contradicto-

ry situation, the Commonwealth Club's meeting in 1913 became a place of ever more heated discussion of the matter.

Immediately upon gaining suffrage in 1911, women's groups such as the WCTU, the California Federation of Women's Club, and the YWCA resumed their request to the California legislature to abolish prostitution. The first attempt to pass the Red-Light Abatement Bill had already failed in 1911.³⁵ In the following years, however, women with voting rights pressed Assemblymen and Senators of California to pass the Act finally in March 1913. The coming of the Panama Pacific International Exposition in 1915 was another boost. Perceived as a sign of earthquake-damaged San Francisco's revival, it became imperative to hold the event successfully. Brothel abolitionists such as women's groups, religious groups, and the American Social Hygiene Association took advantage of this timing. Pressed by these circles, which were capable of mobilizing massive numbers of people, new mayor James Rolph finally decided to withdraw from the Clinic in 1913. Withdrawal of police participation in the Clinic system on May 20 meant the practical end of the regulation policy. In making prostitutes visit the Clinic periodically, and in finding uncertificated women, the police were an indispensable part of the system. Losing its support from the police department, the Municipal Clinic eventually closed its doors in September 1913.³⁶ After the Red-Light Abatement Bill was enacted on December 19, 1914, the local police, in cooperation with the anti-vice crusaders, pushed many brothels in San Francisco out of business by the end of World War I.³⁷

What is remarkable is that this women's involvement, which finally led to the closure of the Clinic and brothels, did not necessarily undermine support for the medical regulation of prostitution. Rather, the more women became vocal in the movement, the more male regulationists could criticize abolitionists for their moralistic tone, which implied irrationality. Dr. Julius Rosenstirn, a leading doctor of the Clinic, was a relentless critic of such "good, oh so good" people who "indulge in speeches deploring the depraved morality."³⁸ Contrasting it with this kind of "emotional" display, he represented the Clinic as a medical institution facing the reality of venereal diseases. Certainly he was aware that his opponents disagreed with him on the basis of their own scientific knowledge. Yet, by particularly highlighting the "emotional" aspects of the abolitionists, and by making invisible medical questions about the Clinic's capabilities, he maneuvered himself into a position from which he would appear to monopolize the authority of science.

The narrative of the “most advanced knowledge” was an important discursive strategy in the struggle to legitimate the scientific authority of the Clinic. Gradually losing City Hall’s support, scientific knowledge was the last means by which the supporters could maintain the Clinic. From 1912 to 1913, Dr. Julius Rosenstirn actively tried to emphasize the Clinic’s scientific authority. After Dr. George Eaton stepped down from the Health Board, Rosenstirn played a leading role in the Municipal Clinic project. It is not an accident that he made a presentation on the Clinic at the International Congress on Hygiene and Demography which was held in Washington D.C. in September 1912. This was a part of Rosenstirn’s campaign to get support and legitimacy for the Municipal Clinic. In the presentation, he meticulously showed the details of the Clinic, such as its examination procedure, its method of record management, and even the architectural organization of its building. Rosenstirn stressed the scientific organization of the Municipal Clinic as well as its objectivity, which supposedly left no room for any kind of political intervention or corruption.³⁹ It is unknown how his presentation was received at this conference of social hygienists. Yet, in later papers, Rosenstirn proudly mentioned favorable responses from other public officials and professionals:

The Clinic has received many inquiries from all over the United States. . . . The Board of Health of many places, including that of the great City of New York, honored us by requesting the details of our system, a complete set of our cards and forms, for study and imitative adoption. Even to the United States Government officials in Puerto Rico, this system appealed and they requested complete and detailed information.⁴⁰

Publishing two articles and two pamphlets in 1913, he located his knowledge at the cutting edge of the development of medical science. This was Rosenstirn’s strategic move to legitimate the Clinic’s project. As the discussion with the Commonwealth Club in 1911 demonstrated, medical discussion did not always reach a conclusion. Crucial instead was an authority beyond the claims of science. While the Club Committee mentioned the works of the American Social Hygiene Association, Rosenstirn countered by providing his own narrative of progress. Referring to Sigmund Freud, Havelock Ellis, and some influential figures on the East Coast, Rosenstirn described the Clinic as an institution the “most thorough and modern in a scientific sense.”⁴¹

As a result, by 1913, the cultural credibility of male reformers who

wished to crush the sex industry was in trouble. To be sure, San Francisco finally determined to abolish prostitution. Yet, the more women empowered the anti-vice campaign, the more Dr. Rosenstirn claimed the scientific authority of the Clinic in comparison with the “frantic and reckless” moral purity movement.⁴² Rosenstirn’s claim not only downgraded women but also feminized brothel abolitionist men. The men had to handle the Clinic’s assertion of medical authority. However, careless use of medical knowledge would possibly embarrass moral-oriented men as well as women, whose presence was essential to maintain the brothel abolition movement. Since they did not wish to turn over their scientific authority, morality, or initiative to women’s groups, they were in a dilemma.

IV A FAILED ATTEMPT IN INCORPORATING SCIENCE UNDER MORALITY: THE CLUB MEETING ON JUNE 11, 1913

The Commonwealth Club held its third meeting on prostitution on June 11, 1913 within this contentious context. The Club Committee presented its second report. Unlike in 1911, the members of the Committee must have known that the Municipal Clinic, a symbol of the regulation system of prostitution, would soon be closed. Nonetheless, the Committee members must also have realized that there was as yet no consensus. The meeting was another site in which the Committee maneuvered in order to claim its own authority over others by reformulating the meanings of “science” and “morality.”

The Committee’s radical shift in membership indicates that the Club hoped to place more emphasis on the moral issue. The use of medical language was deemed excessive. Pointing out that “further consideration of this question should be had from other points of view than those of the medical professions,” the Club replaced doctors on the Red Plague Committee with non-medical persons.⁴³ Non-medical laymen had been frustrated with the previous meetings in 1911, in which medical knowledge had tended to dominate the discussion, and they wished to change the course of the debate. With the exception of C. M. Wollenberg, who became the new chairperson, all the other original members stepped down from the Committee. Instead, the Committee was restructured into two sub-committees, one on Sex Hygiene and the other on the Municipal Clinic. The latter, which played a central role in the meeting of 1913, consisted of two judges, a minister, a businessman, an engineer of the

Northwest Pacific Railroad, and Wollenberg, who was a secretary of the San Francisco branch of the American Social Hygiene Association, which promoted the abatement of brothels in the East Coast.⁴⁴ Walter Macarthur, who had vocally asserted the value of morality in a meeting in 1911, also became a Committee member.

However, the Committee's report in 1913 could not be a simple expression of the moral cause. The Committee had to compete with the claims of the Clinic supporters' medical knowledge. Strikingly, the Clinic's medical claims had penetrated even into the thinking of the more morally-oriented new Committee members. The report admitted that some members were "ready to come out in favor of" the Clinic in the beginning.⁴⁵ Given the growing influence of medical discourses that this implies, the simple rejection of science would not have been effective. It was imperative to restore the value of morality while incorporating scientific knowledge. Meanwhile, the Committee needed to figure out its relationship with women's activities. In 1911, the women's groups had focused on the suffrage issue. Now they were fully ready to commit to prostitution problems. Yet, though indispensable, cooperation with women carried the risk for the Committee of being categorized as part of a "hysterical" non-scientific movement. As in 1911, the Committee included no women and the Club also invited no women to the meeting. Men wanted morality, but they did not want to feminize themselves.

The Committee's key strategy was to reformulate the relations between "science" and "morality." While emphasizing morality, the Committee did not exclude physicians from its camp. As it had done in 1911, the new Committee examined the Clinic's medical capability. The report also questioned the medical efficacy of the Clinic's methods. By employing medical authority, including the former chairman John C. Spencer, the 1913 report attempted to show that the Clinic was incapable of preventing the spread of venereal diseases. In addition to its detailed medical arguments, the Committee further questioned whether it was practically possible to maintain the authority of medicine as a field distinct from the sphere of morality. The medical regulation of prostitution needed cooperation with the police department in order to make prostitutes register. But the report argued that the involvement of the police would be a source of corruption. Although the Clinic was not directly responsible for the accompanying problems, the Committee claimed that the Clinic was still morally responsible.

More importantly, the report challenged one basic presupposition of the Municipal Clinic and the regulation policy. The report criticized Rosenstirn and his supporters for assuming “the indefinite continuance of prostitution.” The report made the accusation that the medical theory of the Clinic only sought to lessen the number of cases, on the basis of this ahistorical assumption. In other words, while claiming the authority of “science,” Rosenstirn did maintain a conventional mentality, that is, the acceptance of the vice.⁴⁶ By arguing in this way, the new Committee presented a nuanced narrative of progress. On the one hand, the Committee members portrayed Rosenstirn’s medical authority as anti-progressive. On the other hand, instead of fully rejecting the usefulness of medical knowledge, they incorporated science into their progressive morality. The new Club Committee referred to the works of major figures in the American Social Hygiene Association. Distinguishing themselves from an older “morality” that unwittingly accepted the continuation of prostitution, they endeavored to present their version of morality as progress.

However, the new Committee could not maintain total control of the discussion. It was a competition among narratives of progress. Rosenstirn, who was at the meeting, brought up his version of the picture right away. Criticizing Committee member Clayton Herrington, a judge who was one of the Clinic’s vocal critics, Rosenstirn named many other professionals and other cases that supported the Clinic project. Claiming the authority of the Clinic, he conversely criticized “hysterical” abolitionists.

And just as surely as the civilized world is ready now to adopt the lessons of modern science in exchange for its possessions of old prejudices and superstitions, so will this question be solved in its spirit even if a reactionary and sentimental hypocrisy should command a temporary halt [of the Clinic] with the aid of hysterical politics. (Applause.)⁴⁷

In this way, the anti-prostitution activists engaged in endless discussion with no hope of reaching a consensus in the foreseeable future. The Commonwealth Club published the third report on this issue in September 1914. Specifically discussing the Red-Light Abatement Act in the California legislature, the report showed the same old division of opinions.⁴⁸ Despite the legislative and administrative decision to close the red-light district, the discussion in San Francisco was not yet settled at this point.

CONCLUSION

The series of debates within the anti-prostitution movement of 1910s San Francisco was an attempt to decide through cultural politics who the authentic reformers were and what legitimate knowledge was. Claiming the values of morality, science, and progress, both the opponents and the supporters of the San Francisco Municipal Clinic had to define the meanings, boundaries, and legitimacy of these values. And the reformers could not establish a single dominant value to command the issue of prostitution. Certainly, the San Francisco mayor turned prior city policy around and abolished the red-light district. The Municipal Clinic closed its doors. Many other American cities also abolished brothels. Nonetheless, the series of events did not mean that a particular group of reformers had finally come to command the situation; discussions in the Commonwealth Club went on endlessly. Morality could be regarded either as a positive or a negative idea. Even the meaning and value of science, supposedly a form of objective knowledge, was controversial. While reformers proposed a variety of alliances between morality and science, they could not safely claim progressiveness for their respective opinions. Previous studies of anti-prostitution movements, which highlight the control of middle-class reformers over the lower-class, have failed to account for this competition and the instability of the category of “middle-class reformers.”

It is noteworthy that gendered language was crucial in defining how reformers gave meaning to their respective values and claimed the superiority of one notion over others. The discourse of “science” had gendered implications in San Francisco. Entering into the debates related to prostitution, where women’s groups had been central players, male reformers displaced women’s authority, which was based on specific modes of womanhood. By either keeping silent about women’s activities, or by explicitly criticizing the “emotional” nature of the women’s cause, “scientific” language replaced the argument of female reformers. Notably, the projected contrast between the women’s sentimental cause and the men’s medical knowledge made it hard to see that women’s groups were also active in various fields of science.

Yet, this engendered cultural authority created a dilemma for the reformers. Male reformers, especially those who opposed the Municipal Clinic, could not simply exclude female reformers any longer. California women’s suffrage in 1911 significantly changed the political landscape.

Women's activities were crucial in the passage of the Red-Light Abatement Act in the California legislature, and women succeeded in pushing the mayor of San Francisco to abolish the red-light district. An alliance with women was indeed indispensable. However, wishing to maintain their political authority, which was masculine in nature, men were not yet ready to accept women's full public political presence. Whereas the women's contribution was crucial, male brothel abolitionists had to manage the risk of their opponents feminizing them. Indeed, ridiculing the "irrational" nature of the abolitionists' morality, Dr. Rosenstirn continued to advocate the validity of the Municipal Clinic. The fear of de-masculinization might explain why the Commonwealth Club never invited women to its discussions of prostitution problems.

Addressing this crucial—and disturbing—role of gendered politics is a key to understanding the age of Progressivism. Indeed, the course of the San Francisco anti-vice movement must have shared many elements with the era's general situation. It is not surprising that the debates about prostitution turned out to be nothing less than discussions about the core values of the period. Facing the transformation of racial and class relations in postbellum America, many reformers employed gendered language to justify and naturalize their causes. However, the contents of gender relations were also in transition. Women's more visible participation in the public sphere was one of the major factors which required a full reformulation of the political structure of turn-of-the-century America. Introducing "science" became one of the means to install a new gendered concept of politics, which assigned rationality to men and discounted women's causes and abilities as irrational. Yet, women's groups could not be easily neglected. Female activists often made indispensable contributions in diverse reform movements, even transforming the meaning of womanhood. Women's active roles challenged men to redefine cultural authority. While allying themselves with women's groups, male reformers wished to maintain their masculinity. The politics of the anti-prostitution movement in San Francisco show what great difficulty different groups had in securing cultural identities and authority in this complex terrain of gendered politics. While noting the diverse roots and motives of so-called Progressivism, scholars still ask whether reformers were progressive or conservative. Assuming the existence of a priori values, this question overlooks the fundamental instability of reformers in the Progressive Era. The definition of what 'progressive' or 'reactionary' actually meant was, indeed, always open to debate.

NOTES

¹ Barbary Coast was an area of San Francisco, which was notorious for its brothels, gambling dens, saloons, and disreputable boarding houses.

² Julius Rosenstirn, *Our Nation's Health Endangered by Poisonous Infection through the Social Malady: The Protective Work of the Municipal Clinic of San Francisco and its Fight for Existence* (San Francisco: The Town Talk Press, 1913), 5.

³ Mark Thomas Connelly, *The Response to Prostitution in the Progressive Era* (Chapel Hill: University of North Carolina Press, 1980), 26.

⁴ Regina Kunzel's work, which examines how female social workers attempted to reform their cultural authority over male professionals who employed gender to legitimate their social positions, is suggestive. (Regina G. Kunzel, *Fallen Women, Problem Girls: Unmarried Mothers and the Professionalization of Social Work, 1890-1945* [New Haven: Yale University Press, 1993].)

⁵ Mark Thomas Connelly, *The Response to Prostitution*; Ruth Rosen, *The Lost Sisterhood: Prostitution in America, 1900-1918* (Baltimore: Johns Hopkins University Press, 1982); Barbara Meil Hobson, *Uneasy Virtue: The Politics of Prostitution and the American Reform Tradition* (New York: Basic Books, 1987). My previous work shares a similar problem. (Hiroyuki Matsubara, "Gender, Kaikyū, Ethnicity kan Kankei no Saihen-katei: Nijusseiki shoto no Beikoku ni okeru Baishun-hantai-undo [The Reconstructing Process of the Relations of Gender, Class, and Ethnicity: The Anti-prostitution Movement in Early Twentieth Century America]," *Shiso* 889 [July 1998]: 86-105.)

⁶ Criticizing an assumption of the dominance of the middle-class reformers, Mary Odem and Peggy Pascoe address negotiation between classes. However, a critical examination of "the middle-class" itself is yet to be made. (Mary E. Odem, *Delinquent Daughters: Protecting and Policing Adolescent Female Sexuality in the United States, 1885-1920* [Chapel Hill: University of North Carolina Press, 1995]; Peggy Pascoe, *Relations of Rescue: The Search for Female Moral Authority in the American West, 1874-1939* [New York: Oxford University Press, 1990].)

⁷ Rosen, *The Lost Sisterhood*, xiii.

⁸ Allan M. Brandt, *No Magic Bullet: A Social History of Venereal Disease in the United States since 1880*, expanded ed. (New York: Oxford University Press, 1987), 51.

⁹ Richard L. McCormick, *The Party Period and Public Policy: American Politics from the Age of Jackson to the Progressive Era* (New York: Oxford University Press, 1986), Ch. 7; Daniel T. Rodgers, "In Search of Progressivism," *Reviews in American History* 10 (December 1982): 113-32; William Deverell, "Introduction: The Varieties of Progressive Experience," in *California Progressivism Revisited.*, eds. William Francis Deverell and Tom Sitton (Berkeley: University of California Press, 1994), 1-11.

¹⁰ William Issel and Robert W. Cherny, *San Francisco, 1865-1932: Politics, Power, and Urban Development* (Berkeley: University of California Press, 1986), 106-109, 155-61.

¹¹ Discussions in the Club show that gender mattered fundamentally even in this area of male dominated politics. This essay is a part of a larger project, which fully addresses the cultural politics in San Francisco during the Progressive Era by studying multiple sites and interactions among them.

¹² Commonwealth Club of California, *Progress Report of the Commonwealth Club of California*, (San Francisco, 1908), 10, 1-2.

¹³ Jacqueline Baker Barnhart, *The Fair but Frail: Prostitution in San Francisco, 1849-1900* (Reno: University of Nevada Press, 1986), Ch. 6, 7.

¹⁴ Frederick K. Grittner, *White Slavery: Myth, Ideology, and American Law* (New

York: Garland Pub., 1990).

¹⁵ Elizabeth Andrew and Katharine Bushnell, *Heathen Slaves and Christian Rulers* (Oakland: Messiah's Advocate, 1907); Judy Yung, *Unbound Feet: A Social History of Chinese Women in San Francisco* (Berkeley: University of California Press, 1995), 76–77. After Congress passed the Mann Act in 1910, which prohibited the interstate and international trade of women, some reformers utilized the law to restrain the sex industry. (Brenda Elaine Pillors, "The Criminalization of Prostitution in the United States: the Case of San Francisco, 1854–1919" [Ph.D. Diss., University of California Berkeley, 1982], 140–45.)

¹⁶ Dorcas James Spencer, *A History of the Woman's Christian Temperance Union of Northern and Central California* (Oakland: West Coast Printing Co., 1913), 92–94.

¹⁷ Board of Health, *Annual Report of the Department of Public Health, San Francisco, Cal. for Fiscal Year, July 1, 1910, to June 30, 1911* (1911), 1–7; Julius Rosenstirn, "The Municipal Clinic of San Francisco," *Medical Record: A Weekly Journal of Medicine and Surgery* 83 (March 15, 1913): 467–76.

¹⁸ The California Social Hygiene Association was the San Francisco branch of the American Social Hygiene Association. Its headquarters in New York was active in promoting the abolishment of red-light districts in the Eastern cities.

¹⁹ Commonwealth Club of California, "The Red Plague," *Transactions of the Commonwealth Club of California* VI, no. 1 (May 1911), 5. Italics are mine.

²⁰ Mary S. Gibson, *A Record of Twenty-Five Years of the California Federation of Women's Clubs, 1900–1925* (California Federation of Women's Clubs, 1927), 131–33; Spencer, *A History of the Woman's Christian Temperance Union*, 92–94, 102–104; Karen J. Blair, *The Clubwoman as Feminist: True Womanhood Redefined, 1868–1914* (New York: Holmes & Meier Publishers, 1980).

²¹ Commonwealth Club, "The Red Plague," 6–9, 21–23, 35–37.

²² *Ibid.*, 1–39.

²³ In a supplemental report in the next meeting, the Committee also reported on situations in some colonized and semi-colonized societies such as the Philippines, Cuba, and Japan. (*Ibid.*, 42–45.)

²⁴ *Ibid.*, 32.

²⁵ William Denman was a prominent attorney in San Francisco. Once investigating a graft case, he was one of the reformers in the city. San Francisco. Committee on the Causes of Municipal Corruption, *Report on the Causes of Municipal Corruption in San Francisco* (San Francisco, Rincon Pub. co., 1910).

²⁶ Commonwealth Club, "The Red Plague," 52–58.

²⁷ *Ibid.*, 55.

²⁸ *Ibid.*, 76–77. Macarthur later became a member of the reorganized Club Committee in 1913 and also tried to pass the Red-Light Abatement Act in the California legislature.

²⁹ *Ibid.*, 61–62.

³⁰ *Ibid.*, 62.

³¹ *Ibid.*, 70.

³² *Ibid.*, 76.

³³ *Ibid.*, 79–81.

³⁴ *Ibid.*, 81.

³⁵ Gibson, *A Record of Twenty-Five Years of the California Federation of Women's Clubs*, 131–133; Spencer, *A History of the Woman's Christian Temperance Union*, 92–94, 102–104; Franklin Hichborn, "California's Fight for a Red Light Abatement Law," *Social Hygiene* 1, no. 1 (December 1914): 6–8.

³⁶ Pillors, "The Criminalization of Prostitution," 146–54; Rosenstirn, *Our Nation's*

Health Endangered.

³⁷ The Red-Light Abatement Act had to wait for the result of referendum. Franklin Hichborn, *The Anti-Vice Movement in California* (New York: The American Social Hygiene Association Incorporated, 1920).

³⁸ Rosenstirn, *Our Nation's Health Endangered*, 7.

³⁹ Julius Rosenstirn, "The Municipal Clinic of San Francisco," in *Transactions of the Fifteenth International Congress on Hygiene and Demography, Washington, September 23-28, 1912* (Washington: Govt. Print. Off., 1913), 5: 95-115.

⁴⁰ Julius Rosenstirn, *Our Nation's Health Endangered*, 29-30.

⁴¹ *Ibid.*, 54.

⁴² *Ibid.*, 5.

⁴³ Commonwealth Club of California, "The Red Plague: Second Report," *Transactions of the Commonwealth Club of California* 8, no. 7 (August 1913), 332.

⁴⁴ *Ibid.*, 331-32.

⁴⁵ *Ibid.*, 338.

⁴⁶ *Ibid.*, 341-42.

⁴⁷ *Ibid.*, 403-404.

⁴⁸ Commonwealth Club of California, "The Red Light Abatement Law," *Transactions of the Commonwealth Club of California* IX, no. 8 (September 1914): 469-503.